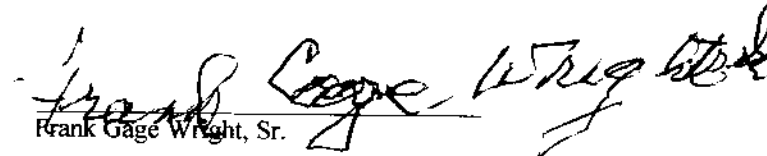


NOTICE OF REVOCATION OF POWER OF ATTORNEY

Know all men by these presents, that I, Frank Gage Wright Sr, D.O.B: September 11, 1942 of 411 Hill Street Apt 107, Hernando, MS 38632, County of DeSoto, State of Mississippi, in and by my written power of attorney, date August 21st, 1997 did make and appoint Beverly Dee Wright my true and lawful attorney in fact for the purposes and with the powers therein set forth, as more fully appears by reference thereto, or to the record thereof. made on P Book 75, Page 216 in Power of Attorney Book, in the office of the Chancery Court of Desoto, State of Mississippi.

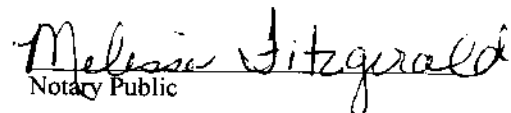
Notice is hereby given that I, Frank Gage Wright Sr, by these presents have revoked, and do hereby revoke, said Power of Attorney and all power and authority thereby given, or intended to be given, to Beverly Dee Wright.

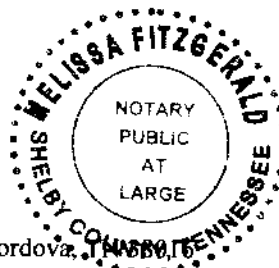
In witness whereof, I have signed this instrument the 27th day of December, 2005.


Frank Gage Wright, Sr.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and of the county and state, on this the 27th day of December, 2005, with in my jurisdiction, the with named Frank Gage Wright, Sr. who acknowledged that he executed the above and foregoing instrument.


Notary Public



* Prepared by Diane Hendrick , Daughter, 1651 Farkleberry, Cordova, TN 38016

901-834-1323 cell
901-624-6478-Hau

MY COMMISSION EXPIRES MAY 1, 2006.

STATE OF TENNESSEE
Office of Vital Records

BK 112 PG 131

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS

NO. 141- 63-72983

THIS RECORD IS A LEGAL
RECORD WHEN PROPERLY
EXECUTED AND
SHOULD BE PLACED IN
THE VITAL FILE

483 27 0075

TYPE ON WR
ONLY (FERN
OR BLACK
ABLE. SIGN
BE IN FERN
OR BLACK

0728131963

ATTENDANT
SIGN. FERN
EITHER CANNOT BE
DELETED.

ATTENDANT MUST FILE
THIS CERTIFICATE WITH
THE LOCAL HEALTH DEPT.
WITHIN 14 DAYS AFTER
BIRTH.

MOTHER'S MAIL-
ING ADDRESS. A FREE
STATISTICAL COPY OF
THIS CERTIFICATE
WILL BE SENT TO MRS.

ITEMS 21-23 ARE FOR
MEDICAL AND HEALTH
USE ONLY AND WILL
NOT APPEAR ON
CERT.

1. NAME OF CHILD FIRST MIDDLE LAST Martha Diane Wright			
2. SEX Female	3A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
4. DATE OF BIRTH MONTH DAY YEAR Oct. 31, 1963			
5. PLACE OF BIRTH A. COUNTY Shelby		B. CIVIL DISTRICT	
C. CITY OR TOWN Memphis		D. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
6. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION) HOSPITAL Methodist		F. STREET ADDRESS (OR LOCATION) Box 124	
7. FULL NAME FIRST MIDDLE LAST Frank Gage Wright		8. COLOR OR RACE White	
9. AGE (At time of birth) 21 YEARS	10. BIRTHPLACE (State or Foreign Country) Mississippi	11A. USUAL OCCUPATION Dairy Farmer	11B. KIND OF BUSINESS OR INDUSTRY
12. FULL NAME FIRST MIDDLE LAST Martha Alma Hall		13. COLOR OR RACE White	
14. AGE (At time of birth) 23 YEARS	15. BIRTHPLACE (State or Foreign Country) Tennessee	16A. USUAL OCCUPATION Housewife	16B. KIND OF BUSINESS OR INDUSTRY
17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD) A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 1		B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0	
18. MOTHER'S MAILING ADDRESS Box 124 Nesbitt, Mississippi		C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY) 0	
19. SIGNATURE A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE. NAME ADDRESS Jack L. Young 188 So. Bellevue M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MID. <input type="checkbox"/> OTHER (SPECIFY) C. DATE SIGNED NOV 12 1963			
20A. REGISTRATION DISTRICT NO. 791		20B. DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1963	
20C. REGISTRAR'S SIGNATURE L.M. Israves Deputy		20D. REGISTRAR'S SIGNATURE by [Signature] Deputy	

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Apr-07-2005

CERTIFICATION OF VITAL RECORD

